



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 [www.scstars.com](http://www.scstars.com)

Dear Rider, Parents and/or Guardian:

Therapeutic Riding benefits persons with physical, cognitive and emotional disabilities. Eligibility for this program requires a signed Participants Medical History and Physician's Referral Form stating the specific disability.

We offer year round 6 or 8 consecutive week sessions with 4 to 6 riders per class; riders have class one (1) hour per week Monday thru Thursday evenings. We have offered other times and days depending on the availability of instructors and volunteers. All of our classed are taught by NARHA Certified Instructors with safety as a priority. Riders are grouped according to age and ability. Actual riding time may vary as student also learns to groom and tack his/her own horse.

The cost to S.T.A.R.S. for each rider is approximately \$540.00 for six weeks/\$720.00 for 8 weeks. Through donations from the community this cost has been reduced to the rider for \$120.00 for 6 week session and \$160.00 for an 8 week session. S.T.A.R.S. also provides private, daytime one-on-one sessions. Call S.T.A.R.S. for more information on private session availability. Fees must be paid in full by the end of the session.

Enclosed you will find a current class schedule along with rider registration and release forms necessary to participate in this program. **ALL of these forms are to be filled out completely and returned to S.T.A.R.S. before riding class can begin.**

Thank you for your interest in the program. If you have any further questions, please feel free to contact the STARS Barn at (712)-239-5042. Additionally, you can also visit us on the web at [www.scstars.com](http://www.scstars.com)

Sincerely,

Julie A. Dorn  
Program Director  
S.T.A.R.S., Inc



# Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

## RIDER REGISTRATION AND RELEASE FORM

### REGISTRATION

Client: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/cell Phone: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_

Address/Phone (if different from client): \_\_\_\_\_

School or institution presently attending: \_\_\_\_\_

What sessions will they be riding: \_\_\_\_\_

### LIABILITY RELEASE AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ would like to participate in the Special Troopers Adaptive Riding School (S.T.A.R.S, Inc.,) program. I acknowledge the risks and potential for risks of horseback riding, and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. Therefore, in return for being permitted to participate, and intending to be legally bound, for myself, my heirs, and assigns, executors of administrators, I hereby forever waive and release all claims for damages against STARS, Inc., its Board of Directors, Sponsors, Instructors, Therapists, Aides, Volunteers, Employees, Agents or others on its behalf liable for any and all injuries and/or losses I / my son/ my daughter/ my ward may sustain while participating in STARS, Inc., and agree to indemnify them from all loss, expense, damages, and costs they may incur by reason of any claim for damages brought against them. I have read, understand, and agree to all of the terms of this liability release and indemnity agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Client, Parent, or Guardian)

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

## Participant's Medical History and Physician's Authorization

STARS is a therapeutic riding program designed to benefit the riders physically, socially, and emotionally. Safety equipment and specially trained horses and volunteers are used. In order to assure the fullest possible protection and greatest personal benefit from the program, each rider is required to furnish the following medical information before being accepted as a riding student.

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N

Special Precautions/Needs: \_\_\_\_\_ Neurologic

Symptoms \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

Incontinence: \_\_\_\_\_

**For those with Down Syndrome: AtlantoDens Interval X-rays, date: \_\_\_\_\_ Instability: Y N**

Please indicate current or past difficulties in the following systems/areas, including surgeries:

Auditory: Y N Comments: \_\_\_\_\_

Visual: Y N Comments: \_\_\_\_\_

Tactile Sensation: Y N Comments: \_\_\_\_\_

Speech: Y N Comments: \_\_\_\_\_

Cardiac: Y N Comments: \_\_\_\_\_

Circulatory: Y N Comments: \_\_\_\_\_

Integumentary/Skin: Y N Comments: \_\_\_\_\_

Immunity: Y N Comments: \_\_\_\_\_

Pulmonary: Y N Comments: \_\_\_\_\_

Neurological: Y N Comments: \_\_\_\_\_

Muscular: Y N Comments: \_\_\_\_\_

Balance: Y N Comments: \_\_\_\_\_

Orthopedic: Y N Comments: \_\_\_\_\_

Environmental Allergies: Y N Comments: \_\_\_\_\_

Learning Disability: Y N Comments: \_\_\_\_\_

Cognitive: N Y Comments: \_\_\_\_\_

Emotional/Psychological: Y N Comments: \_\_\_\_\_

Pain: Y N Comments: \_\_\_\_\_

Other: Y N Comments: \_\_\_\_\_

In my opinion the patient named can receive riding instruction under appropriate supervision.

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's Signature

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

### **STARS POLICY: MEDICAL INFORMATION PRIVACY**

We value our relationship with our riders and we take our riders' personal privacy seriously. Privacy has always been important to STARS. We have safeguards in place to protect medical information about our riders. Only STARS instructors have access to medical information to assist them in class instruction. We continually review our policies and practices and monitor our handling of the medical information of our riders to help us ensure your privacy.

STARS instructors collect and use medical information that we believe is necessary to conduct our classes. We require our instructors to protect the confidentiality of our riders. We do not provide or share medical information about our riders to anyone other than STARS instructors, with the exception that STARS instructors be able to disseminate medical information to other individuals, such as volunteers, in order to provide the safest and highest quality lessons for our students.

This handout informs you of STARS policies and practices for collecting, using, and securing the medical information you provide to us.

Only instructors will collect documents containing medical information and they will promptly file the same into a locked file cabinet, which is located inside the office. The instructors will not permit anyone else to view the documents or file folders. Only instructors will have a key to this locked file cabinet. This file cabinet will remain locked at all times and will only be accessed by an instructor for the specific purpose of preparing for lessons. The instructors will destroy documents containing medical information 30 days after a rider has permanently left the program. This determination shall be made by the STARS instructors and a reminder letter will be sent out to the parent or guardian requesting them to retrieve the medical documents.

Please sign and date below indicating that you have read this policy and understand it. Thank you for helping STARS. We appreciate the opportunity to serve you.

\_\_\_\_\_  
Name of Parent of Guardian (if rider is under 18) or name of Rider (if over 18)

\_\_\_\_\_  
Signature of Parent or Guardian (if rider is under 18) or signature of Rider (if over 18)

Date \_\_\_\_\_

Rev. 3/7/05



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

To: Volunteers and Riders (if under 18 yr., Parent or Guardian)  
From: STARS, Inc.  
Date: January 26, 2000

Iowa passed a law effective July 1, 1997, regarding liability of providers of activities involving domesticated animals. Please read the following statements. You are provided two copies, one for our records (that you will need to sign as verification for having received the notice) and one for your own records.

### IOWA CODE CHAPTER 675 WARNING

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting.

The domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement; loud noise; an unfamiliar environment; or the introduction of unfamiliar persons, animals, or objects.

The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

I have read and understand the above statements. I have also received a copy of the statements for my own records.

---

**Volunteer, Parent, or Guardian**

Date: \_\_\_\_\_



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of S.T.A.R.S., Inc. I authorize S.T.A.R.S., Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Client's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In the event I cannot be reached:

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

### Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent/Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Non Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of S.T.A.R.S., Inc. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent/Guardian

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

*33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com*

## **RIDER PHOTO RELEASE FORM**

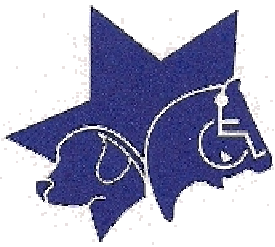
For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Special Troopers Adaptive Riding School, Inc. (STARS) permission to take or have taken still and moving photos, videotape, digital photographs, films, television images, and images taken or made by any and other manner or method of our/my (self-daughter-son-ward), \_\_\_\_\_, and consents and authorizes the Special Troopers Adaptive Riding School, its advertising agencies, news media, and any other persons interested in the Special Troopers Adaptive Riding School, to use and reproduce the photos, films, pictures and images and circulate and publicize the same by any and all means without limitation; including but not limited to the following: newspapers, television, media, brochures, pamphlets, instructional material, books, web site, and clinical material.

No inducements or promises of any kind have been made to us/me to secure our/my signature(s) to this release other than the intention of the Special Troopers Adaptive Riding School to use or cause to be used such photographs, films, pictures or images for the primary purpose of promoting and aiding the Special Troopers Adaptive Riding School and its work.

Signature(s) \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_



*Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)*

33148 K-22, Sioux City, Iowa 51108 712-239-5042 [www.scstars.com](http://www.scstars.com)

## 2011 STARS Inc. SCHEDULE

Subject to change

### Session One (6 weeks)

January 31<sup>st</sup> to March 7<sup>th</sup>

Winter Melt Down March 5<sup>th</sup>

Rider registration and parent orientation March 15<sup>th</sup> & 17<sup>th</sup> at 6:30

Off: weeks of March 14<sup>th</sup> and 21<sup>st</sup>.

### Session Two (8 weeks)

March 28<sup>th</sup> to May 16<sup>th</sup>

EAGALA workshop May 12<sup>th</sup> -14<sup>th</sup>

Off: weeks of May 23<sup>rd</sup> and 30<sup>th</sup>

### Session Three (8 weeks)

June 6<sup>th</sup> to July 25<sup>th</sup>

S.T.A.R.S. Charity Golf Classic June 4<sup>th</sup> @Whispering Creek 9:30 A.M.

Awesome Biker Nights June 16<sup>th</sup>, 17<sup>th</sup>, & 18<sup>th</sup>,

S.T.A.R.S. Summer Horse Show June 18<sup>th</sup>

Off: August 1<sup>st</sup> to September 12<sup>th</sup>

### Session Four (6 weeks)

September 12<sup>th</sup> to October 17<sup>th</sup>

Barn Dance October 1<sup>st</sup>

Off: October 24<sup>th</sup>

### Session Five (6 weeks)

October 31<sup>st</sup> to December 5<sup>th</sup>